MULTIPLE DEPENDENT CLAIM							- 1	SERIAL NO.					FILING DATE #		
FEE CALCULATION SHEET								APPLICANT(S)							
			AFTER 18T		AFTER 2ND		CLAIMS		,		<u> </u>				
	MD	TLED DEP	AMENI	DEP	AMEN and	DMENT	H		ND	DEP	#ND	DEP		1 !	
1	\	DEP	and .	DEF		UEF	İ	51	WO	OLF		DEP	- IND	ÖEP	
2								52							
3			-			ļ		53							
4	X					ļ — — —	+	54			 			 	
5 6	/	_						55 56			 -			 -	
7	/					 	f	57						 	
8	1							58							
9							1	_59			 				
10	ļ					 	ŀ	60			 	ļ		 	
11		`					ŀ	61 62			 			 	
12 13							f	63			 			 	
14							f	64							
15								65							
16					:	 	1	66			 	 		ļ	
17	ļ,-	 					ŀ	67 68				 			
18 19							t	69			<u> </u>	-		 	
20							r	70							
21								71							
22							ļ	72							
23							- }	73							
24							ŀ	74 75			 				
25 26						ļ — —	t	76						 	
27							1	77							
28								78			ļ		<u></u>	ļ	
29						 	}	79			!			 	
30	 						-	80 81							
31 32					ļ	-	ŀ	82						 	
33								83							
34								84							
3 5							<u> </u>	85			 			ļ	
36						 	<u> </u>	86 87			 				
- 37 38							ŀ	88			 	-		 	
39	1						İ	89							
40								90						ļ	
41	<u> </u>					ļ	ļ.	91			 -			 	
42	}					 	-	92			 -	 		 	
43	 				<u> </u>	 	+	93 94			 			 	
45	 	<i>-</i>					f	95							
46								96							
47	ļ					 	1	97			}	 	<u> </u>	 	
48	<u> </u>					 		98			ļ		 	 	
<u>49</u> 50	 					 	ŀ	99 100			 -	 	 	 	
	2						t								
TOTAL IND.	+	<u>.</u>		'		1	17	TOTAL IND.				<u></u> ‡		<u>_</u> _	
DEP.	O			· .			h	DEP.			·			*	
LAMS	3							LAMS			L				